## **Child Welfare Record Check Consent Form: Employee Record Check**



l,		Date of	Birth:	
	(Present Full Name)	_	•	(Month/Day/Year)
	Past/Other Names (Birth Name, Married Names, Other Names)	_		
of				
	(Current Address – Street, Apt./Suite No., City, Postal Code)			
and	eby consent to a search being conducted of the records of disclosure of any information in the possession of or undearding myself.			
docı	derstand that some Ontario Children's Aid Societies are us umentation system. I understand that when an agency us involvement with all Ontario Children's Aid Societies also u	ing CPIN se		
Prev	vious Places of residence:			
I hav	ve lived in the following places since I reached the age of 1	l8 years or	became	a parent, whichever first occurred (if
mor	e space is needed please use back of form):			
City, Province, Country		Dates – (from – to)		
but prov	en completing your request, it is possible that records cou could belong to individuals other than yourself. Finding the vide you with timely results in order to confirm your ident mit the possibility of locating alternative records.	nese altern	ate recor	ds may cause delays in our ability to
My:	Select Select:			
Chile	d's Name:	D.O.B.:		
· · · · ·			(Month/D	ay/Year)
Chile	d's Mother's Maiden name:			
Chile	d's Name:	D.O.B.:	(Month/D	ay/Year)
Chile	d's Mother's Maiden name:			
Chile	d's Name:	_ D.O.B.:	(Month/D	Jay/Vear)
			(iviontn/D	ay/ Teal)
Chile	d's Mother's Maiden name:			

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Signature:					
Contact Phone #:					

<sup>\*</sup>Requests for communications in alternate formats should be made directly to the local agency.